



**TOWN OF MILLVILLE**  
36404 Club House Road, Millville, DE 19967  
TEL (302) 539-0449  
www.millville.delaware.gov

## BUSINESS LICENSE APPLICATION

### INSTRUCTIONS:

- Please review Chapter 90-Licenses and Chapter 10-Clean Hands Policy on our website (See above web address) for complete information.
- Submit a copy of your valid Delaware State Business License.** All CONTRACTORS are required to submit proof of liability insurance, issued in the name of the business.
- FEE SCHEDULE:**

<input type="checkbox"/>	<b>Annual Business License</b>	\$100
<b>CHECK ONE:</b> <input type="checkbox"/>	<i>Annual License if purchased after Nov. 1<sup>st</sup></i>	\$ 50
	<b>Late Fee applied if business is invoiced, and invoice is not paid by June 1<sup>st</sup></b>	<b>\$ 50</b>
<input type="checkbox"/>	<b>Mobile Food Vendor Full-Year License</b>	\$ 50
<input type="checkbox"/>	<b>Temporary License (up to 30 consecutive days)</b>	\$ 25
- Business licenses run concurrent with the Town's fiscal year - May 1<sup>st</sup> thru April 30<sup>th</sup>. Renewal Invoices are **automatically** mailed out May 1<sup>st</sup> to the mailing address provided by the applicant and are by due June 1<sup>st</sup>  
Check here if you would **NOT** like to renew your license after one year . ☐  
**Working without obtaining the required business license is a violation of the Town Code and subject to penalties.**
- Please send back and/or contact us if you will not be renewing your business license for the fiscal year.**
- ALL INFORMATION BELOW MUST BE COMPLETED OR APPLICATION WILL NOT BE PROCESSED.**

BUSINESS NAME			
DBA (IF APPLICABLE)			
NATURE OF BUSINESS		# OF EMPLOYEES	
IF PARTNERSHIP OR CORPORATION: NAMES, ADDRESSES & PHONES OF INDIVIDUALS OR PRINCIPAL OFFICERS			
MAILING ADDRESS			
PHYSICAL LOCATION OF BUSINESS			
CONTACT PERSON		TITLE	
BUSINESS PHONE		FAX	
CELL PHONE		EMAIL	

**I swear or affirm under penalty of perjury that the information on this application is true and correct and that a false answer can subject the application to denial or a license to be revoked.**

**Applicant's signature :** \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>TOWN OFFICIAL USE ONLY</b>	
I- _____	L- _____
Amount: \$ _____ Check #: _____	Date: _____
Town Official Approval: _____	Date: _____